



**DAN RIVER MIDDLE SCHOOL
PITTSYLVANIA COUNTY SCHOOLS
NEW STUDENT REGISTRATION FORM**



OFFICE USE ONLY			
Teacher:	Grade Level:	Entry Date:	
Provided:	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Physician's Statement	<input type="checkbox"/> Court Documentation <input type="checkbox"/> Alternate Transportation Form

Has your child ever attended Pittsylvania County Schools? ___ Yes ___ No ___ Unsure

Name of Pupil: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (Zip)

Mailing Address: _____
(Street) (City) (Zip)

Home Phone: _____ (Primary # for all automated attendance, outreach, and emergency calls)

Date of Birth: _____ **Gender:** _____ **Grade:** _____
(mm/dd/yyyy)

Birthplace: _____ **Languages Spoken in Home:** _____

Student Resides with (check only one):

<input type="checkbox"/> Mother & Father	<input type="checkbox"/> Mother only	<input type="checkbox"/> Guardian
<input type="checkbox"/> Mother & Step-father	<input type="checkbox"/> Father only	<input type="checkbox"/> Other (Explain)
<input type="checkbox"/> Father & Step-mother	<input type="checkbox"/> Grandparent	

Are you Hispanic/Latino? (Choose only one)

No, not Hispanic/Latino
 Yes, Hispanic/Latino

What is your race? (Choose one or more)

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Father or Guardian's Information	Mother or Guardian's Information
Name:	Name:
Cell phone:	Cell phone:
Employer:	Employer:
Home phone:	Home phone:
Email:	Email:

Please provide up to 5 emergency contacts. List them in the order they should be contacted.

Emergency Contact 1-Parent/Guardian (Cell phone – Secondary # for all automated attendance, outreach, and emergency calls.)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:

Emergency Contact 2 (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
Emergency Contact 3 (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
Emergency Contact 4 (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:
Emergency Contact 5 (Home and cell phone - Emergency calls only)	Name:
	Home phone:
	Cell phone:
	Work phone:
	Relationship:

Transportation Information (Please fill in all information that pertains to your child.)

Primary AM Bus # _____ *Primary is the bus your child takes to your home.*
 Primary PM Bus # _____
 Secondary AM Bus # _____ AM Car Rider: ___ Yes ___ No
 Secondary PM Bus # _____ PM Car Rider: ___ Yes ___ No
 Daycare or other after-school program (Must fill out *Parental Consent to Release Child to Alternative After-School Care Transportation* form.) _____

Custody Concerns

Documentation (with court seal) is necessary to enforce any directives by parent or guardian.

Medical Information

List all health concerns, medications, and allergies. (A physician's statement is required to document dietary substitutions.) _____

Does your child have health insurance? ___ Yes ___ No

If yes please indicate type ___ FAMIS ___ MEDICAID ___ Private/Employer

If there is an emergency situation involving your child at school and neither parent/guardian or emergency persons listed above can be reached, would you give the school personnel permission to secure medical attention for your child? ___ Yes ___ No

Family Doctor: _____ Telephone number: _____

Previous School Information

Last School Attended: _____ Phone number of school: _____

Teacher(s): _____

Special Education Services ___ Yes ___ No Classification: _____

Parent/Guardian Signature: _____ Date: _____

DECLARATION OF RESIDENCE

I, the undersigned, state under oath and penalty of perjury that the continuing residence of _____, is located
 (name of parent/guardian of student)
 at _____
 (E-911 address)

I (parent/guardian) further state under oath that three forms of identification as detailed below have been supplied showing my name and current address.

Check the forms of identification supplied:
 (at least three forms of identification must be supplied with this form)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Current Virginia State Driver's License
<input type="checkbox"/> Current Virginia State Identification Card
<input type="checkbox"/> Current valid Virginia vehicle registration or vehicle title
<input type="checkbox"/> Current original signed lease agreement or mortgage documentation
<input type="checkbox"/> Current original invoice or documentation of address from water department
<input type="checkbox"/> Current original invoice or documentation of address from gas department
<input type="checkbox"/> Current original invoice or documentation of address from electric department
<input type="checkbox"/> State or federal tax return filed within the past 12 months with W2 form(s) attached | <input type="checkbox"/> Current original tax assessment statement
<input type="checkbox"/> Current voter registration card
<input type="checkbox"/> Check stub from current employment
<input type="checkbox"/> Monthly Bank Statement
<input type="checkbox"/> Homeowners' Insurance Policy
<input type="checkbox"/> Medical Bills (must include name and current address)
<input type="checkbox"/> Social Security documentation that includes name and current address
<input type="checkbox"/> Social Services documentation that includes name and current address
<input type="checkbox"/> Picture ID (must include name and current address) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

 SIGNATURE OF PARENT/GUARDIAN

 ENROLLING STUDENT'S NAME

 PLEASE PRINT NAME

 ENROLLING STUDENT'S NAME

 DATE

 ENROLLING STUDENT'S NAME

PLEASE NOTE: The General Assembly amended the Code of Virginia, Section 22.1-264.1, relating to false statements regarding school division residency. Specifically, the Code states that "Any person who knowingly makes a false statement concerning the residency of a child, as determined by Section 22.1-3, in a particular school division or school attendance zone, for the purposes of (1) avoiding tuition charges authorized by Section 22.1-5 or (2) enrollment in a school outside the attendance zone in which the student resides, shall be guilty of a Class 4 misdemeanor." The law, which becomes effective July 1, 2005, carries with it a maximum fine of \$250.

THIS FORM MUST BE EXECUTED BY A NOTARY PUBLIC AND IS NOT VALID UNLESS PROPERLY NOTARIZED.

State of _____
 City/County of _____

The foregoing instrument was subscribed and sworn before me this _____ day of _____, 20____, by _____ (name of person seeking acknowledgment) and acknowledged the foregoing signature to be his/hers, supplied three forms of identification from the list above which include the aforementioned name and address on the documents, and having been duly sworn by me, made an oath that the statements in the said instrument are true.

My commission expires: _____

 SIGNATURE OF NOTARY PUBLIC

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
RINGGOLD, VIRGINIA 24586
(434) 822-6027 • FAX (434) 822-6548

The following student is enrolling at Dan River Middle School:

Student Name: _____ Grade: _____ Birth Date: _____

I hereby authorize _____
(Previous School)

(Phone Number)

(Fax Number)

to release all information in my child's cumulative, administrative, health, or psychological records to Dan River Middle School including, but not limited to:

- Transcript
- Grades for current year-to-date and past school year
- Test scores
- Discipline Record
- Attendance Record
- Full immunization record – please include Hepatitis B and recent TDaP Immunizations
- School Entrance Health Exam
- Health information
- IEP or 504 plan, if applicable
- Psychological/educational Testing Records
- Gifted record or ESL record, if applicable
- Placement Forms
- Current school year schedule if transferring mid-year

Please send the above requested information by fax to (434)822-6458 or by email to:

Christina Decker, school counselor: christina.decker@pcs.k12.va.us

Jamie Weatherford, school counselor: jamie.weatherford@pcs.k12.va.us

Parent/Guardian Signature: _____

Date: _____

CONFIDENTIAL

Pittsylvania County Public Schools

Department of Pupil Transportation

Placement of New Student on Bus

Date _____

The School Principal responsible for Transportation shall complete this form. A copy of the completed form should be provided to the correct bus driver on day of student enrollment. The original form should be kept in the school office.

Student's Name: Last: _____ First: _____ Initial: _____

Grade Level: _____ School: _____

Student's Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work: () _____

For elementary student, name some other relative or neighbor, who will assume temporary care of your child if you are unavailable at afternoon unloading time.

Name: _____ Telephone: _____

Student Will Be Assigned to Bus # _____

Enrollment Date: _____

Driver's Signature: _____

Administrator's Signature: _____

CRIMINAL CONVICTION AND DELINQUENCY ADJUDICATIONS

Section 22.1-3.2 of the Code of Virginia requires a parent, guardian or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been found guilty of or adjudicated delinquent for any offense listed in subsection G of §16.1-260 of the Code of Virginia or any substantially similar offense under the laws of any state, the District of Columbia, or the United States or its territories. When the child is registered as a result of a foster care placement as defined in §63.2-100, the information required under this section shall be furnished by the local social services agency or licensed child-placing agency that made the foster care placement.

The offenses listed in subsection G of §16.1-260 of the Code of Virginia are:

- ◆ A firearm offense pursuant to Article 4 (§ 18.2-279 et seq.), 5 (§ 18.2-288 et seq.), 6 (§ 18.2-299 et seq.), or 7 (§ 18.2-308 et seq.) of Chapter 7 of Title 18.2;
- ◆ Homicide, pursuant to Article 1 (§ 18.2-30 et seq.) of Chapter 4 of Title 18.2;
- ◆ Felonious assault and bodily wounding, pursuant to Article 4 (§ 18.2-51 et seq.) of Chapter 4 of Title 18.2;
- ◆ Criminal sexual assault, pursuant to Article 7 (§ 18.2-61 et seq.) of Chapter 4 of Title 18.2;
- ◆ Manufacture, sale, gift, distribution or possession of Schedule I or II controlled substances, pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ◆ Manufacture, sale or distribution of marijuana pursuant to Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2;
- ◆ Arson and related crimes, pursuant to Article 1 (§ 18.2-77 et seq.) of Chapter 5 of Title 18.2;
- ◆ Burglary and related offenses, pursuant to §§ 18.2-89 through 18.2-93;
- ◆ Robbery pursuant to § 18.2-58;
- ◆ Prohibited street gang participation pursuant to § 18.2-46.2;
- ◆ Prohibited criminal street gang activity pursuant to § 18.2-46.2;
- ◆ Recruitment of other juveniles for a criminal street gang activity pursuant to § 18.2-46.3; or
- ◆ Recruitment of juveniles for criminal street gang pursuant to § 18.2-46.3.

Please complete the name of child as indicated, check the appropriate statement below and complete additional information as requested:

_____ **Full Name of Child**

_____ I hereby swear/affirm the child listed above has never been found guilty of or adjudicated delinquent for any of the offenses referenced above.

_____ I certify that the child listed above has been found guilty of or adjudicated delinquent for one or more of the offenses referenced above. These offenses are listed below:

Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor (§22.1-3.2 Code of Virginia).

I swear/affirm that, to my knowledge, the information stated above is correct.

_____ **DATE**

_____ **Signature of Parent, Guardian or other appropriate individual**

Pursuant to Section 22.1-288.2 of the Code of Virginia, this document shall be maintained by the principal separately from all other records concerning the student. However, if the school administrator or the School Board takes disciplinary action against a student based upon an incident which formed the basis for the adjudication of delinquency or conviction for an offense listed in subsection G of §16.1-260 of the Code of Virginia, the notice shall become a part of the student's disciplinary record.

PITTSYLVANIA COUNTY SCHOOLS

Discipline Disclosure Form

Virginia law requires that, prior to admission to any public school of the Commonwealth, a school board shall require the parent, guardian, or other person having control or charge of a child of school age to provide, upon registration, a sworn statement or affirmation indicating whether the student has been expelled from school attendance at a private school or in a public school division of the Commonwealth or in another state for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person. Any person making a materially false statement or affirmation shall be guilty upon conviction of a Class 3 misdemeanor. The registration document shall be maintained as a part of the student's scholastic record. (Code of Virginia 22.1-3.2)

PLEASE COMPLETE AND SIGN THE APPLICABLE STATEMENT BELOW:

I, _____, affirm that _____
has not been expelled from school attendance at a private school or public school
in Virginia or another state for an offense in violation of school board policies
relating to weapons, alcohol or drugs, or for the willful infliction of injury to
another person.

Parent, guardian or person having
control or charge of child

Date

I, _____, affirm that _____
has been expelled from school attendance at a private school or public school in
Virginia or another state for an offense in violation of school board policies
relating to weapons, alcohol or drugs, or for the willful infliction of injury to
another person.

Parent, guardian or person having
control or charge of child

Date

NEW STUDENT SCREENING PROFILE (Grades 6 - 12)

PLEASE FILL IN THE INFORMATION BELOW AND GIVE THIS FORM TO THE SCHOOL NURSE

NAME OF PUPIL _____

ENROLLMENT DATE _____

BIRTHDATE _____

SCREENING BELOW TO BE COMPLETED BY THE SCHOOL NURSE

DIRECTIONS:

Indicate the findings of the initial screening under the column SCREENING. If the student is retested, indicate the finding under the column RETEST. Indicate if there is a referral (X). This screening needs to be done within 60 days of enrollment.

VISION (6-12)				HEARING (6-12)			
SCREENING DATE _____		RETEST DATE _____		SCREENING DATE _____		RETEST DATE _____	
PASS	FAIL	PASS	FAIL	PASS	FAIL	PASS	FAIL
COMMENTS: Initials: _____		COMMENTS: Initials: _____		COMMENTS: Initials: _____		COMMENTS: Initials: _____	
Referral: _____				Referral: _____			

SCREENING REQUIREMENTS

Federal and state law requires that a new student will be screened in specified areas for specific grade levels within the first sixty days of enrollment. A "new student" is defined as one who has not been previously enrolled in a Virginia public school and for whom there is no indication in the transferred records of a prior screening of required areas. If the screening record is not present in the transferred records, a screening should take place and be documented. Grades 6-12 require a vision and hearing screening which will be done by the school nurse.

The "New Student Screening Profile (Grades 6-12)" should be part of the registration packet. The top of the form needs to be completed and given to the school nurse.

If the nurse is working when a parent registers a student, she should also review the immunization record to determine if the student is compliant and able to attend school.

ACKNOWLEDGEMENT FORM

Return to: _____
Mrs. Emily Reynolds
Principal

Dan River Middle School
School

My signature and date shown below indicate that I have received a copy of "Student Regulations for School Bus Students."

I understand that when young children are involved, parents are requested to accompany them to and from the bus stop, or designate a responsible person to do so.

Parent's Signature: _____

Name of Student: _____

Address: _____

Date: _____

Bus Number: _____

Student School Bus Regulations

The purpose of student transportation in Pittsylvania County is to transport children to and from school in a safe and efficient manner. In order to do this, we need the cooperation of parents, students, bus drivers, and all school personnel.

The following regulations will help everyone understand what is expected of the students, in an effort to ensure their safety while on the bus and while waiting for the bus:

1. Parents are requested to accompany their young children to and from the bus stop, or designate a responsible person to do so.
2. Students must wait off of the travel portion of the highway until the bus comes to a complete stop, at its regular bus stop. Students should never be on the hard part of a paved road or the traveled part of a dirt road.
3. Students should be at the bus stop at least five (5) minutes before the scheduled arrival of the school bus. Buses are scheduled so they **CANNOT** wait for students, and drivers are instructed **NOT** to wait.
4. Students should board the bus immediately and take a seat toward the back of the bus, three (3) to a seat, where possible. Drivers are instructed to give students a chance to take a seat before moving.
5. Students should remain seated during the trip, and until the bus comes to a complete stop to let them disembark.
6. Students should never throw objects on the bus or out of windows. They should keep arms, hands, and other parts of their body inside the bus, and never out of windows.
7. For sanitary as well as safety reasons, **food and drinks will NOT** be allowed on buses. Lunches in proper containers are permitted if they are not opened while on the bus.
8. Band instruments and class projects should not be taken on the bus unless students can hold them in their laps. These objects must not take up space on seats, or be placed in the front of the bus or aisle. Aisles and passageways cannot be blocked and student traffic flow must not be impeded in any way.
9. Students are permitted to talk in a normal conversational voice to the persons in the seat with them. Yelling and moving around on the bus are not permitted.
10. The use of profanity or obscene and suggestive language will not be tolerated from any student or driver while on school buses.

11. Students should always obey the instruction of the driver. The driver is in complete charge of the bus while on its route.
12. Drivers are not authorized to put a student off the bus or to refuse to pick one up, unless authorized to do so by the principal of the school, Superintendent, Assistant Superintendent for Support Services, or Director of Transportation. Students will be put off of bus either at their regular stop or at the school, not on the road.
13. Students having to cross the road to catch their bus, or to get home from bus stop, will cross in front of the bus, under the direction of the driver. They should always cross about ten (10) feet in front of the front bumper of the bus.
14. Students are permitted to ride only the bus to which they are assigned, and will be picked up and released from the bus only at their regular stops. If it becomes necessary for students to ride another bus, they must have written statement to this effect, signed by their parents and by the school principal, and given to the driver.
15. Smoking by students or drivers on the bus is **unlawful in the State of Virginia.**
16. Pets, reptiles or any type of animal, are not to be carried on a school bus. This applies even if it is a science project assigned by a teacher.
17. Students suspended from one bus in Pittsylvania County cannot ride another bus, even if that bus comes directly by the student's home.
18. Students should accept a ride **ONLY** if parents or school officials have approved such an arrangement.
19. **NO ELECTRONIC DEVICES** will be permitted on the school buses at anytime, either by the drivers or the students.
20. The local school is responsible for detecting and reporting any damage sustained to the bus by carelessness or vandalism. **The person causing damage shall be required to reimburse the school for any actual breakage or destruction of property done by such person.** Drivers shall inspect buses before and after each special trip and will report any damage to the school principal and the director of transportation as soon as possible. The drivers are responsible for the security of the bus while on a special trip.

The failure of a student to obey the above regulations will subject him or her to be refused the privilege of riding a school bus in Pittsylvania County. The suspension from a school bus does not relieve the parents of their obligation to see that the student attends school.

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
RINGGOLD, VIRGINIA 24586
(434) 822-6027 • FAX (434) 822-6548

DRMS BUS EMERGENCY CONTACT INFORMATION

Please fill out immediately and return to your homeroom teacher. This information will be given to the bus driver.

Student's Name: _____

Address: _____

Homeroom Teacher: _____ Bus AM#: _____ PM#: _____

Phone#: (1) _____ Name: _____

Phone#: (2) _____ Name: _____

Phone#: (3) _____ Name: _____

Health Concerns:

Parent/Guardian's Signature: _____

Date: _____

2017-2018 DRMS ATTENDANCE PROCEDURES

Dan River Middle School will utilize the following attendance procedures during the 2017-18 school year. This information is summarized from pages 3 and 4 of your student planner; please refer to these pages for more detailed information.

Whenever a student has missed school, upon their return entering, they must immediately bring a written note to the office that provides the following information:

1. Explains the reasons for their absence.
2. Is signed by his/her parent or guardian.
3. Must be dated and lists the dates of absence.

A student's absence will normally be excused when the reason for the absence is consistent with the guidelines listed below:

- Illness - Parent must contact the school each day of an absence. A doctor's note will be required when absences become excessive.
- Death in the Family
- Medical Appointments - must be confirmed with a note from the doctor.
- Court Proceedings - Must have a statement from the court.
- Religious Observances
- Educational Opportunities (Out of town travel) – **Must meet educational criteria and be approved in advance by the principal.**

Failure to provide this note will result in an unexcused absence.

After a total of ten (10) excused and/or unexcused absences the student will be required to have a doctor's note for all additional absences. Students, who reach a total of five (5) unexcused absences, will be reported to the Pittsylvania County Schools Attendance Officer. The Officer will meet with the student and parents and develop a Corrective Action Plan for school attendance. If the number of unexcused absences reaches seven (7) days, the officer must initiate court proceedings in Juvenile & Domestic Court.

.....
(Cut here and retain the top portion for your records)

My signature below acknowledges I have been made aware of DRMS's Attendance Policies for 2017-18.

Student Signature

Date

Parent Signature

Date

Please sign and return this acknowledgement to your student's home room teacher by August 15th.

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
RINGGOLD, VIRGINIA 24586
(434) 822-6027 • FAX (434) 822-6548

Office of the Principal

DRESS CODE REQUIREMENTS

The Dan River Middle School Dress Code for the 2017-2018 school year is the result of recommendations and conversations from our students, faculty, parents, and administrators. Our goal is to establish a dress code that focuses on an educational environment with student success clearly at the center. We want all of our students to make good choices when it comes to their appearance. We are a *class act* at DRMS and we are proud of our positive educational environment. Your support is greatly appreciated.

1. Students are not to wear clothing that exposes bare midriffs, bare shoulders, nor be deeply or narrowly cut in front, back or under the arms. Halter tops, sleeveless jerseys, spaghetti straps and strapless tops or clothing that shows the chest area of a student is not acceptable. Tops must have both shoulders covered with material that is at least 2 inches wide.
2. Students are not to wear clothing with language, symbols, or pictures that are offensive, that advertise illegal substances, or that advertise tobacco or alcohol. Gang related attire, such as wearing, carrying, or displaying bandanas or “colors” is prohibited.
3. Students are **not** to wear clothing that exposes undergarments. Pants or slacks are to be secured at the student’s waist with a length that does not drag the floor. **All shirts (including sweatshirts) which are excessively long are to be tucked in the front and back.**
4. **Skirts, shorts, and dresses of any kind are to be no shorter than six (6) inches above the bottom of the knee cap.** Pants or jeans with holes or rips in them must not show ANY skin more than 6” above the bottom of the knee cap.
5. Head coverings of all types should only be worn outdoors except by written permission from the principal.
6. Pajamas, bedroom slippers, or blankets are not allowed.
7. Heavy chains, bracelets (including jelly bracelets), belts with spikes, or studded jewelry cannot be worn since any could be used as a weapon. Wallets with chains attached and/or exposed will not be permitted.
8. All outerwear must be placed in the student’s locker and should be labeled with the name of the owner. While the school cannot be responsible for items of lost clothing, we will make every effort to return items that are labeled.
9. Hair picks, combs, and sponges are not to be used in the hallways or classrooms. Any infraction of this will result in the hair pick/comb/sponge being confiscated from the student. These items are to be out of sight and used only while in the restroom.
10. Leggings/Yoga pants or skinny jeans may be worn only if the top/tunic completely covers the bottom and all the way around to the front of a student’s body. Any top/tunic that does not completely cover the bottom and all the way around will be out of dress code and subject to disciplinary action.

CONSEQUENCES OF DRESS CODE VIOLATION

First offense parents are contacted and the dress code violation must be resolved. If a parent is unable to be reached or the dress code violation is not resolved, the student will not be allowed to return to the classroom and arrangements will be made for all work to be completed in an alternate setting. Any additional dress code infractions will result in further disciplinary action.

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
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Office of the Principal

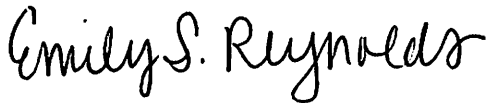
August 9, 2017

Dear Parents/Guardians:

We are so delighted to have your child with us for the 2017-2018 school year. Attached is the 2017-2018 Dress Code for all students at DRMS. This Dress Code is for the educational success and safety of your child.

Please sign this top form and return it to your child's homeroom teacher.
Please keep attached sheet for your records.

Thank you,



Emily S. Reynolds
Principal

I have received, understand and support the DRMS Dress Code for the 2017-2018 school year.

Student Name: _____

Homeroom Teacher: _____

Parent/Guardian: _____

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
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(434) 822-6027 • FAX (434) 822-6548

Office of the Principal

August 9, 2017

Dear Parents/Guardians:

The cell phone procedures and regulations for Pittsylvania County Middle Schools have been revised for the 2017-2018 school year. Cell phone procedures and regulations are as follows:

- Students may have cell phones on their person; however, cell phones cannot be seen, used, heard or **turned on** during the hours of school operation and cannot be visible on the campus until 3:30 p.m. or 1:30 p.m. on early dismissal days.
- Students may not use cell phones on the school bus traveling to and from school on regular school days.
- The cell phone will be confiscated in every instance of infraction, and a parent must come to the school to pick up the phone.
- Any electronic device with the ability to text will be treated with the same consequences as cell phones.

Penalties that result from violation of cell phone procedures will be as follows:

Offense	Discipline
1st	1 day In-School Suspension
2nd	3 days In-School Suspension
3rd	1 day Out-of-School Suspension

Subsequent infractions will result in out-of-school suspension, with the total number of days being determined by the principal.

If you have questions or concerns regarding the implementation of cell phone procedures at the middle school level, please do not hesitate to contact me.

Please sign and return the attached form stating you have read and understand the School Board policy regarding cell phones. Please keep this form for your records.

Sincerely,



Emily S. Reynolds
Principal

DAN RIVER MIDDLE SCHOOL

5875 KENTUCK ROAD
RINGGOLD, VIRGINIA 24586
(434) 822-6027 • FAX (434) 822-6548

Office of the Principal

August 9, 2017

Dear Parents/Guardians:

Please sign and return this form indicating you have received, understand and support the Pittsylvania County School Board policy regarding cell phone use for the 2017-2018 school year.

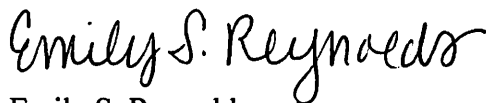
Date:

Student Name:

Homeroom Teacher:

Parent/Guardian Signature:

Thank you,



Emily S. Reynolds
Principal